

TRANSMITTAL FORM

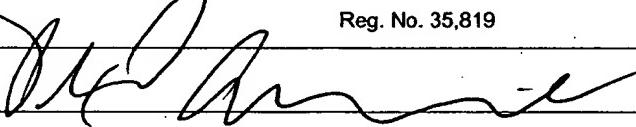
(to be used for all correspondence after initial filing)

		Application Number	09/658,771
		Filing Date	09/11/2000
		First Named Inventor	Yarlagadda
		Art Unit	2664
		Examiner Name	Mew, K. D.
Total Number of Pages in This Submission	2	Attorney Docket Number	017887-006000US

ENCLOSURES (Check all that apply)

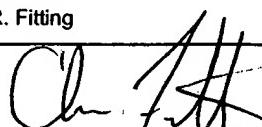
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1) Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	2) PTO/SB/83 Request to Withdraw as Attorney
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Phillip H. Albert	
Signature		
Date	Reg. No. 35,819 August 24, 2005	

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Typed or printed name	Christopher R. Fitting		
Signature		Date	August 25, 2005

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**TRANSMITTAL
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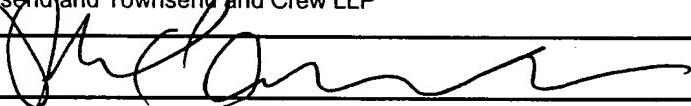
Total Number of Pages in This Submission

Application Number	09/658,771
Filing Date	September 11, 2000
First Named Inventor	YARLAGADDA, MADHU
Art Unit	2664
Examiner Name	Kevin D. Mew
Total Number of Pages in This Submission	3
Attorney Docket Number	017887-006000US

ENCLOSURES (Check all that apply)

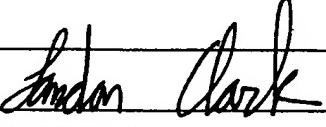
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
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<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Copy of Issue Fee Transmittal with OIPE date stamp		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Philip H. Albert		
Date	June 17, 2005	Reg. No.	35,819

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Signature			
Typed or printed name	Landon Clark	Date	June 17, 2005



ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20350 7590 06/29/2004

TOWNSEND AND TOWNSEND AND CREW, LLP
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Julie Taylor Clough

(Depositor's name)

September 29, 2004

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/658,771	09/11/2000	Madhu Yariagadda	17887-006000	4424

TITLE OF INVENTION: VOICE INTEGRATED VOIP SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEW, KEVIN D	2664	370-352000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Yahoo! Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

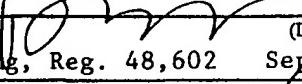
Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies 10

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(Authorized Signature)  (Date) September 29, 2004

Brian N. Young, Reg. 48,602 September 29, 2004

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10/05/2004 GUARD0F2 00000127 201430 09658771

01 FC:1501 1330.00 DA
02 FC:8001 30.00 DA

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PATENT
Docket No.: 017887-006000US

On Sept. 29, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Julie Taylor Clough

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

YARLAGADDA et al.

Application No.: 09/658,771

Filed: September 11, 2000

**For: VOICE INTEGRATED VOIP
SYSTEM**

Examiner: Kevin D. Mew

Art Unit: 2664

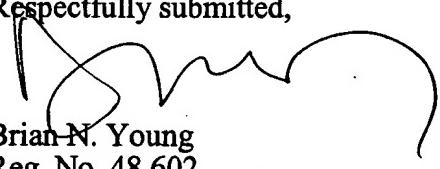
LETTER TO OFFICIAL DRAFTSPERSON

**Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir:

Pursuant to the Notice of Allowability mailed June 29, 2004, Applicant submits 9 sheets of formal drawings to be made of record in the above-identified case.

Respectfully submitted,


Brian N. Young
Reg. No. 48,602

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: (415) 576-0200
Fax: (415) 576-0300
BNY:jtc
60320770 v1

#91 9-26-05

FAX TRANSMISSION

DATE: September 21, 2005

PTO IDENTIFIER: Application Number 09/658,771
Patent Number

Inventor: Madhu Yarlagadda et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) - 273-8300

FROM: DARBY & DARBY P.C.

John W. Branch

PHONE: (206) 262-8900

Attorney Dkt. #: 08226/0203351-US0

PAGES (Including Cover Sheet): 4

CONTENTS: Power of Attorney (1 page)
Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)
Certificate of Transmission (1 page)

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Application No. (if known): 09/658,771

Attorney Docket No.: 08226/0203351-US0

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